

SERFF Tracking Number:	BALG-125417505	State:	Arkansas
Filing Company:	Protective Insurance Company	State Tracking Number:	EFT \$20
Company Tracking Number:	ARPIC08-02F		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	Terrorism Risk adoption/ARPIC08-02F		

## Filing at a Glance

Company: Protective Insurance Company

Product Name: Workers Compensation

TOI: 16.0 Workers Compensation

Sub-TOI: 16.0004 Standard WC

SERFF Tr Num: BALG-125417505 State: Arkansas

SERFF Status: Closed

Co Tr Num: ARPIC08-02F

State Tr Num: EFT \$20

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Jeremy Jaynes

Date Submitted: 01/07/2008

Disposition Date: 01/09/2008

Disposition Status: Approved

Effective Date Requested (New): 01/01/2008

Effective Date Requested (Renewal): 01/01/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Terrorism Risk adoption

Project Number: ARPIC08-02F

Reference Organization: NCCI

Reference Title: Terrorism Risk Insurance Program Reauthorization

Filing Status Changed: 01/09/2008

State Status Changed: 01/09/2008

Corresponding Filing Tracking Number: ARPIC08-03R

Filing Description:

Protective Insurance Company is a licensed provider of Workers' Compensation insurance. We would like to adopt by reference NCCI item P-1405 regarding the Terrorism Risk Insurance Program.

Status of Filing in Domicile: Authorized

Domicile Status Comments:

Reference Number: P-1405

Advisory Org. Circular: CIF-2007-10

Deemer Date:

## Company and Contact

### Filing Contact Information

Jeremy Jaynes, Compliance Analyst

[jjaynes@baldwinandlyons.com](mailto:jjaynes@baldwinandlyons.com)

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Project Name/Number: Terrorism Risk adoption/ARPIC08-02F

1099 N Meridian St (800) 231-6024 [Phone]  
Indianapolis, IN 46204 (317) 715-9615[FAX]

**Filing Company Information**

Protective Insurance Company CoCode: 12416 State of Domicile: Indiana  
1099 N Meridian St Group Code: 867 Company Type: Property &  
Casualty  
Indianapolis, IN 46204 Group Name: Baldwin & Lyons, Inc. State ID Number:  
(317) 636-9800 ext. 416[Phone] FEIN Number: 35-6021485  
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$20.00
Retaliatory?	No
Fee Explanation:	State charges \$20 to adopt a reference or item filing of advisory organization's form reference filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Protective Insurance Company	\$20.00	01/07/2008	17372905

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	01/09/2008	01/09/2008

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## Disposition

Disposition Date: 01/09/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>BALG-125417505</i>	<i>State:</i>	<i>Arkansas</i>
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Uniform Transmittal Document-Property & Casualty	Approved	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document-Property & Casualty	<b>Review Status:</b>	Approved	01/09/2008
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**Comments:**

**Attachment:**

AR Transmittal 02F.pdf



## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	

<b>5. Company Tracking Number</b>	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>				

Filing information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>				
<b>10. Sub-Type of Insurance (Sub-TOI)</b>				
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:		Renewal:	
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>				
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)